

Guidelines for Antipsychotic Treatment for Schizophrenia

Based on VHA Schizophrenia Practice Guidelines¹

What Are the Guideline Recommendations For Switching Patients From Conventional To Newer Antipsychotics?

- ▶ *Treat patients who are intolerant of an antipsychotic due to extrapyramidal side effects with a newer antipsychotic: risperidone, olanzapine, quetiapine, or ziprasidone*
- ▶ *Treat patients who have had a failed trial of a conventional or newer antipsychotic agent with a newer agent not previously tried (risperidone, olanzapine, quetiapine, ziprasidone) or clozapine*
- ▶ *Treat patients with no history of antipsychotic treatment with a recommended dose of a conventional or newer antipsychotic*

What Are the Recommended Doses for Antipsychotics?

VHA Schizophrenia Practice Guidelines recommend prescribing moderate doses of antipsychotic medications as follows:

RECOMMENDED DOSES FOR ANTIPSYCHOTIC MEDICATIONS	
Drug	Usual Daily Oral Dose (mg)
● <i>New Antipsychotics</i>	
Olanzapine	5 - 25
Quetiapine	150 - 750
Risperidone	2 - 8
Ziprasidone	40 - 160
● <i>Clozapine</i>	
Clozapine	250 - 800
● <i>Conventional Antipsychotics</i>	
Chlorpromazine	300 - 1000
Fluphenazine	2 - 20
Haloperidol	5 - 20
Loxapine	20 - 100
Molindone	20 - 100
Perphenazine	8 - 64
Thiothixene	5 - 30
Trifluoperazine	5 - 30

What Can Clinicians Do To Follow Guidelines?

To follow guidelines for switching—clinicians can utilize the Clinical Reminder in CPRS for switching inpatients from conventional to newer medications. This new reminder, developed by Mental Health QUERI, will be active for all inpatients with schizophrenia who are prescribed a conventional antipsychotic prior to admission. Clinicians and managers can also monitor switching rates at their facility using periodic Mental Health QUERI feedback reports.

To follow guidelines for moderate doses—clinicians can:

- ▶ Use periodic Mental Health QUERI feedback reports to determine rates of high-dose prescribing at their facility
- ▶ Document their reasons for prescribing out-of-range antipsychotic doses
- ▶ When out-of-range doses are not indicated, either gradually adjust the dose into the recommended range or gradually switch the medication to a previously untried antipsychotic

How Well Are VA Clinicians Following These Recommendations?

Variation exists in several areas among clinicians at VA Medical Centers, including:

- ▶ Prescribing rates for the newer antipsychotics
- ▶ Rates of switching inpatients with schizophrenia who may have had a failed trial of a conventional antipsychotic to the newer antipsychotics
- ▶ Rates of adhering to guideline recommendations for moderate antipsychotic dose—most studies show 40-50% of patients are prescribed doses outside of guideline-recommended ranges
- ▶ Rates of clozapine prescribing—only 3.0% of veterans nationwide receive this agent, far fewer than expected in a population of patients with chronic schizophrenia

What about Cost?

According to a review of the current literature on cost effectiveness of new antipsychotics, most studies report that annual savings from decreased hospital days of care exceed medication costs. This suggests a cost advantage in the short term. In addition, reducing inappropriately high doses of newer antipsychotic medications will reduce medication costs.

¹ Mental Health Strategic Health Care Group, The Psychosis Working Group. *Veterans Health Administration Clinical Guidelines for Management of Persons with Psychoses*. Washington DC: Department of Veterans Affairs, 1997

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For more information about clinical practice guidelines for schizophrenia, see:

American Psychiatric Association. Practice guideline for the treatment of patients with schizophrenia. *Am J Psychiatry* 1997; 154:1-63.
Lehman AF, Steinwachs DM, Co-Investigators of the PORT Project. Translating research into practice: The schizophrenia patient outcomes research team (PORT) treatment recommendations. *Schizophr Bull* 1998; 24: 1-10.
Owen RR, Thrush CR, Kirchner JE, Fischer EF, Booth BM. Performance measurement for schizophrenia: Adherence to guidelines for antipsychotic dose. *Int J Qual Health Care* 2000; 12: 475-482.